



TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
WESTFORD, MASSACHUSETTS 01886
692-5509

APPLICATION FOR WELL PERMIT
FEE: \$50.00

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TOWN HALL
WESTFORD, MASSACHUSETTS 01886
Phone: 978-692-5509 Fax: 978-399-2558

In accordance with M.G.L. c.111, sec. 31 and the Rules and Regulations of the Westford Board of Health, the undersigned hereby applies for a permit to ()install or ()repair/alter a: ()residential ()commercial ()industrial ()irrigation ()public well at _____

Owner _____ Address _____ Lot # _____

Well Contractor Name _____

Contractor's Address _____ Phone # () _____

Massachusetts Well Drillers Certificate # _____

The undersigned agree to submit a well completion report and water quality report which is subject to Board of Health approval.

Signed _____
Well Drillers Signature

Please attach a plan to scale showing the location of the proposed well at this site. Include on this plan the lot to be served with boundaries, any existing or proposed sewage disposal systems that may be affected by the well. Please be advised that an irrigation well permit will not be issued for dwellings that are currently served by the Westford public water system until a corresponding plumbing permit for a backflow protection device has been issued, thereby ensuring cross-connections and back flow concerns with the Westford public water system are eliminated. Please be reminded that a corresponding water system construction permit is required for all new wells and that an annual water system installer's license is required for installers of water systems.

Inspection Made _____ Date _____

**PLEASE MAKE CHECKS PAYABLE TO TOWN OF WESTFORD
WORK STARTED WITHOUT A PERMIT IS SUBJET TO DOUBLE FEE.**